

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Jimmy Avila

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Jemcare, LLC

MARTIN ITZKOWITZ - CEO,

- BRIANNA TORDERO - Director

of care management program

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**COMPLAINT**

Do you want a jury trial?

Yes  No

Goodwill Industries

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

**Federal Question**

**Diversity of Citizenship**

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Title II of the American with Disabilities Act, The Rehabilitation Act Act, Section 504 of the Rehabilitation Act of 1973, Human Rights Laws violations, Title VI of the Civil Rights Act 1964

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_.

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Jemcare, LLC,  
(Defendant's name) is a citizen of the State of

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Jemcare, LLC, is incorporated under the laws of the State of New York

and has its principal place of business in the State of New York  
or is incorporated under the laws of (foreign state)

and has its principal place of business in 626 SHEEPSHEAD BAY Road, STE 380  
Brooklyn, NY 11224

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Jimmy

First Name

AVILA

Last Name

1412 College Avenue, Apt 1B

Street Address

Bronx

County, City

NY

State

10456

Zip Code

646-944-2174

Telephone Number

Highsecurity123@gmail.com

Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

<u>BRIANNA</u>	<u>Tornero</u>
First Name	Last Name
<u>Director of Care Management program</u>	
Current Job Title (or other identifying information)	
<u>626 SHEEPSHEAD BAY Road, STE 580</u>	
Current Work Address (or other address where defendant may be served)	
<u>Brooklyn</u>	<u>NY</u>
County, City	State
<u>11224</u>	
Zip Code	

Defendant 2:

<u>Jencare LLC</u>	
First Name	Last Name
<u>Non-Profit - Receives federal funding from (OMH) Office mental health</u>	
Current Job Title (or other identifying information)	
<u>626 SHEEPSHEAD Bay Road, STE 580</u>	
Current Work Address (or other address where defendant may be served)	
<u>Brooklyn</u>	<u>NY</u>
County, City	State
<u>11224</u>	
Zip Code	

Defendant 3:

<u>MARTIN</u>	
First Name	Last Name
<u>ITZKOWITZ</u>	
<u>CEO</u>	
Current Job Title (or other identifying information)	
<u>626 SHEEPSHEAD BAY Road, STE 580</u>	
Current Work Address (or other address where defendant may be served)	
<u>Brooklyn</u>	<u>NY</u>
County, City	State
<u>11224</u>	
Zip Code	

Defendant 4:

Goodwill Industries-

First Name

Last Name

Non-Profit organization

Current Job Title (or other identifying information)

33-24-A Northern Blvd, 2nd FL

Current Work Address (or other address where defendant may be served)

Long Island City, NY11101

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**Place(s) of occurrence: 1412 College Avenue, Apt 1B, Bronx, NY 10456  
12-3-2024Date(s) of occurrence: November 8, 2024, 12/16, 2024, January 16, 2025**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Jemcare, LLC misrepresenting the availability of Housing and made false statements about Goodwill Housing to my psychiatrist and myself, Once Jemcare, LLC Tami Abroroy - care manager discover I suffer from Chronic mental Health and my doctors, Hassan Afzal, other Health conditions, I was denied a One bedroom Apartment with Goodwill Housing Agency working in concert to deprive Plaintiff of equal access to supportive Housing As A Result of my Handicap status / Disability status I was denied (ADA) American Disabilities Act Accomodations As a Result of complaints made in good faith to government agencies / Small claims court Defendants decreed to

Failure to Provide Adequate care "See Exhibit A"

Abandon Plaintiff and willfully neglect to comply with Doctor Ted Martynowicz Safety Transfer from BASIC to One Bedroom Apartment and Psychiatrist Hassan Afzal. As A Result of the negligence Plaintiff suffer ongoing Hospitalizations in Hazards living conditions, and life threatening according to Plaintiff doctors. Defendants caused Economic Hardship By using Deceptive Business practices misleading Plaintiff to CALLEN LORDE Tencare LLC false statement that CALLEN LORDE took Plaintiff insurance INJURIES: costing Plaintiff \$7,888.95 due to false fraud

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Anxiety Attacks, Psychological harm, depression - Emotional Distress - Chest Pain - Lincoln Hospital - 234 E 149th Street, Bronx, NY 10451 Bronx Care Hospital - 1650 Grand Concourse, Bronx, NY 10457 - "See Exhibit C"

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

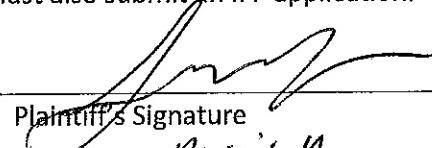
Plaintiff Request Partial Summary Judgment for the Court to compel defendants to comply with (ADA) Psychiatrist Hassan Afzal Request to provide one Bedroom Apartment that meet Plaintiff medical needs ~~\$12,000.00~~ \$100,000 dollars money damages (see Exhibit B)

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>4-10-2025</u>		
Dated	Plaintiff's Signature	
<u>Jimmy</u>	<u>Ayila</u>	
First Name	Middle Initial	Last Name
<u>1412</u>	<u>C</u>	<u>College Avenue, Apt 1B</u>
Street Address	<u>NY</u>	<u>10456</u>
County, City	State	Zip Code
<u>Bronx</u>	<u>NY</u>	<u>10456</u>
Telephone Number	<u>HighSecurity123@gmail.com</u>	
Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes    No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

# Exhibit A



Jimmy Avila &lt;highsecurity123@gmail.com&gt;

## Supportive Housing Application 2010-E for Jimmy Avila

Jami Abrorov <JAbrorov@jemcare.org>  
To: "cguerra@goodwillny.org" <cguerra@goodwillny.org>  
Cc: Jimmy Avila <highsecurity123@gmail.com>

Mon, Nov 25, 2024 at 11:07 AM

Good morning, Carlos

My name is Jami Abrorov and I spoke to you a couple of weeks ago regarding 2010-E application for Mr. Jimmy Avila.

You requested me to email you Mr. Avila's latest psych evaluation and psychosocial in order for you to evaluate Mr. Avila's case.

Please see attached files for requested documents. Please let me know if you need any additional information. Thank you so much for your assistance. I will touch base with you this week to ensure you received the documents.

Best regards,

**Jami Abrorov| HH Plus Care Manager**

**Phone:** 718-506-0724 **Fax:** 718-421-9157

**jabrоров@jemcare.org**



### 3 attachments

**Psychiatric Clinical Recommendations.pdf**  
499K

**Psychiatric Summary No 1.pdf**  
417K

**Psychiatric Summary No 2.pdf**  
383K



Jimmy Avila &lt;highsecurity123@gmail.com&gt;

**Jimmy Avila Psychosocial and Psych Evaluation**

Jami Abrorov <JAbrorov@jemcare.org>  
To: "afzalh1@nycdhc.org" <afzalh1@nycdhc.org>  
Cc: Jimmy Avila <highsecurity123@gmail.com>

Wed, Nov 20, 2024 at 9:48 AM

Good morning, Dr. Afzalh

Hope you're doing well and Happy Wednesday!

When you get a chance, could you please email me the Updated version of psych evaluation and psychosocial forms for Jimmy Avila, so we can go ahead and submit them to begin his supportive housing application.,

Jimmy mentioned that he requested you to make some changes and add new information to be added to reflect his current situation.

Please let me know if you have any questions. Thank you.

Best regards,

**Jami Abrorov| HH Plus Care Manager**

Phone: 718-506-0724 Fax: 718-421-9157

[jabrorov@jemcare.org](mailto:jabrorov@jemcare.org)





Keep Toons  
MY COPY / Martin  
4/10/24 pm

## Jimmy Avila Forms

1 message

Jami Abrorov <JAbrorov@jemcare.org>  
To: afzalh1@nycchhc.org <afzalh1@nycchhc.org>  
Cc: Jimmy Avila <highsecurity123@gmail.com>

Fri, Nov 8, 2024 at 9:29 AM

Good Morning Dr Afzalh

My name is Jami and I'm a Care Manager for Jimmy Avila. Hope you're doing well and Happy Friday.

I've been trying to reach you regarding Jimmy. We were wondering if you could please fill out Psychosocial and Psych evaluation forms for Mr. Avila so we can apply for 2010 E supportive housing. We already spoke with Housing Case Manager at Goodwill and they informed us that those two forms need to be provided by Jimmy's psychiatrist. Mr. Avila informed me that he has an appointment with you on 11/12.

Please let me know if you have any questions. Thank you so much beforehand.

Best regards,

Jami Abrorov | HH Plus Care Manager  
Phone: 718-506-0724 Fax: 718-421-9157  
[jabrоров@jemcare.org](mailto:jabrоров@jemcare.org)





Jimmy Avila &lt;highsecurity123@gmail.com&gt;

## Reasonable accommodation request

Jimmy Avila <highsecurity123@gmail.com>  
To: compliance@jemcare.org

Tue, Dec 17, 2024 at 7:45 PM

Hi Brianna Tordero- Director of Care management program

I hope this message finds you well. Following our conversation on December 16, 2024, at 2:00 PM regarding my Care Management program, I wanted to address a significant concern. I believe there is a conflict of interest with Jami Abrorov as my Care Manager. While I appreciate his efforts, I feel that his method of recording every interaction may be perceived as retaliatory, making me feel singled out and treated differently. I think it would be best for me to be assigned a new male Care Manager who can better support my needs. Although I believe Jami is a good person, I feel he could benefit from additional training in handling schizoaffective disorder, as he sometimes seems overwhelmed in our interactions. Thank you for your attention to this matter.

Sincerely,  
Jimmy Avila  
1412 College Avenue  
Apt. 1B  
Bronx, NY 10456  
Phone: 646-944-2174  
Highsecurity123@Gmail.com



## Appointment of Representative (AOR) Form

**Do you want to name someone you trust to act on your behalf to ask for an exception or appeal, request coverage, or make a complaint with Healthfirst?**

You will both need to complete and sign this form and return it by mail or fax. If you'd like help, call the Member Services phone number on your Healthfirst Member ID card.

**Please be sure to complete all fields on both sides, and have both parties sign where indicated, so we can process your form.**

Section 1 Member Identification and Signature		
To be completed by the Healthfirst Member seeking representation.		
Member ID <b>133901051</b>		
First Name <b>Jimmy</b>	Middle Initial	Last Name <b>AVILA</b>
Mailing Address (Include Apt., Bldg.) <b>1412 college Avenue, Apt 1B</b>		
City <b>Bronx</b>	State <b>NY</b>	Zip Code <b>10456</b>
Phone Number <b>646-944-2174</b>	Email (Optional) <b>High security123@gmail.com</b>	
I appoint the individual named in Section 2 to act as my representative in connection with my claim or asserted right under the Social Security Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance or request. I understand that personal medical information related to my request may be disclosed to the representative indicated in Section 2.		
Signature of Member 	Date (MM/DD/YYYY) <b>11-29-2024</b>	

Complete on Reverse Side ▶

To be completed by the representative.			
First Name <b>JAMI</b>	Middle Initial	Last Name <b>ABROROV</b>	
Mailing Address (Include Apt., Bldg.) <b>626 SHEEPSHEAD BAY ROAD SUITE 580</b>			
City <b>BROOKLYN</b>	State <b>NY</b>	Zip Code <b>11224</b>	
Phone Number <b>718-506 0724</b>	Email (Optional) <b>jabrorov@jemcare.org</b>		
Professional status or relationship to Member (for example, attorney, relative, etc.) <b>Care Manager</b>			
I hereby accept this appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (HHS), that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee I receive may be subject to review and approval by the Secretary.			
Signature of Legal Representative 		Date (MM/DD/YYYY)	<b>11/29/2024</b>

Return this signed, completed form by mail, email, or fax:

For appeals, grievances, and requests for coverage related to medical issues:

Appeals and Grievances Department  
Healthfirst  
P.O. Box 5166  
New York, NY 10274-5166  
Email: AORforms@healthfirst.org  
Fax: 1-646-313-4618

For appeals, grievances, and requests for coverage related to prescription issues:

CVS Caremark Part D Services  
P.O. Box 52000, MC109  
Phoenix, AZ 85072-2000  
Fax: 1-855-633-7673



Jimmy Avila &lt;highsecurity123@gmail.com&gt;

**Callen-Lorde registration form**

1 message

**Jami Abrorov** <JAbrorov@jemcare.org>  
To: Jimmy Avila <highsecurity123@gmail.com>

Wed, Oct 30, 2024 at 12:13 PM

Dear Mr. Avila,

Per our conversation please fill out the Callen Lorde New Patient registration form which can be found here:  
<https://callen-lorde.org/graphics/2024/10/Patient-Registration-and-Consent-Form-09.24-ENG.pdf>

Once you fill out the form please email it to this address: [registration@callen-lorde.org](mailto:registration@callen-lorde.org)

Please feel free to CC me on the email.

Once they receive the form, they will contact you within 10 business days to schedule an appointment.

Please feel free to contact me if you have any questions.

Best regards,

**Jami Abrorov| HH Plus Care Manager**

Phone: 718-506-0724 Fax: 718-421-9157

[jabrorov@jemcare.org](mailto:jabrorov@jemcare.org)





# Collection Notice from Labcorp

Laboratory Corporation of America

PAST DUE

Tax ID# : 84-0611484  
431921052680Patient: JIMMY AVILA  
Invoice Date: 03/05/25JIMMY AVILA  
1412 COLLEGE AVE APT 1B  
BRONX, NY 10456-1008

Invoice/Factura:	62636383
Past Due	\$1,888.95

Date of Service: 11/14/24

Test requested by: BRONX THIRD AVE CALLEN  
LORDEWe've made it easy  
to pay your bills  
from Labcorp. Just  
scan this QR code to  
pay.

Immediate Payment Required

**We are contacting you because:**

- Your account is past due. Our records indicate your debt to Labcorp has not been satisfied and is seriously past due.
- At this time your account has not been placed with a Third Party Collection Agency.
- Failure to pay the past due amount will result in referral to a Third Party Collection Agency and potentially affect your credit score.
- Labcorp reserves the right to refuse laboratory services for failure to pay past due balances.

**Please Note:**

- This bill is for laboratory work requested by your physician.
- These charges were not included in your physician's bill.
- If you have questions regarding how your insurance processed your claim, you need to contact your insurer.

**To pay or if you have any questions about this bill:**

- Payment arrangements can be made with no additional fees.
- Call Labcorp Customer Service at **1-800-845-6167** (between 8am - 5pm, Monday - Friday).
- Web payment and insurance filing options are available at [labcorp.com/billing](http://labcorp.com/billing).

We accept checks  
and the following  
payment methods:

En este momento, su cuenta esta delincuente. Tenemos agentes bilingues disponibles para asistirle.

\*Florida residents, see reverse side for disclosure information pursuant to Florida Statute § 559.72

JIMMY AVILA  
1412 COLLEGE AVE APT 1B  
BRONX, NY 10456-1008

DO NOT SEND CASH

Make check or money order payable to:

Payments made via an online  
banking service must include  
Invoice# **62636383**LABORATORY CORPORATION OF AMERICA  
PO BOX 2240  
BURLINGTON, NC 27216-2240

Invoice/Factura:	62636383
Past Due	\$1,888.95

Terms: Payable on Receipt

December 4, 2024

Jimmy Avila  
1412 College Avenue, Apt. 1B  
Bronx, NY 10456  
Phone: 646-944-2174  
Highsecurity123@Gmail.com

New York State Department of Health  
Corning Tower  
Empire State Plaza,  
Albany, NY 12237

To Whom It May Concern:

I Mr. Jimmy Avila am writing to file a complaint against Jemcare, which is located at 626 Sheepshead Bay Rd STE 580, Brooklyn, NY 11224  
. Mr. Avila, who is a member of Healthfirst Complete Care, receives personal care Management from Jemcare

Monday to Friday From 8:00 am to 5pm. Mr. Avila's CIN is YW48376Z. As will be further explained below, Jemcare Jami Abrorov Abandoned and neglected Mr. Avila's Case management Services causing Mr. Avila economic harm and psychological harm as a result of Mr. Avila exercising his Patient Bill of Rights and Human Rights and Small claims case index No:SC-001764-24/BX in contravention of New York's regulations for LHCSAs.

10 NYCRR § 766.1 sets forth the rights of patients of LHCSAs. These rights include the right to "participate in the planning of his or her care and be advised in advance of any changes to the plan of care," § 766.1(a)(5), and the right to "be treated with consideration, respect and full recognition of his/her dignity and individuality," § 766.1(a)(10). 10 NYCRR § 766.2 sets forth patient service policies and procedures, which includes the requirement that "to the extent possible, services are provided by the same personnel to the same patient." § 766.2(a)(3).

Jemcare Jami mislead Mr. Avila psychiatrist as well as himself to believe that On December 3, 2024 during Home visit Mr. Avila HRA 2010e Housing Application will be process for a one bedroom or Studio apartment with Goodwill Supportive Housing Agency instead **Jemcare Jami Care manager Intentionally ruined Mr. Avila opportunity for Housing Placement with Goodwill Supportive Housing Agency due to care manager Jami Abrorov Reckless disregard to keep Mr. Avila Request to Discontinue Small claims Index No:**

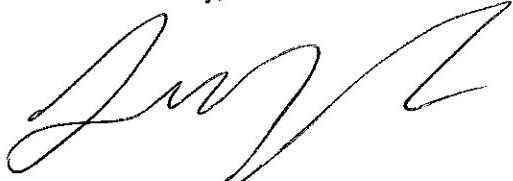
**SC-001764-24/BX Confidential this unprofessionalism is another reason Mr. Avila was denied Housing Placement with Goodwill and His HRA 2010e Application wasn't processed due to Jami Abrorov carelessness and total disregard to Mr. Avila rights to file grievances against Goodwill for Discrimination Business practices**

Page 2/2  
Re: Avila Complaint

Mr. Avila is not being "treated with consideration, respect and full recognition of his[] dignity and individuality," as required by § 766.1(a)(10). On December 4, 2024 1, the same day that Mr. Avila complained about Goodwill misrepresentation of the availability of Housing and HRA 2010e Application services to Jemcare Jami Abrorov- Care Manager, Jemcare failed to provide Mr. Avila with his case management services and refused to find out who was his new case manager at Goodwill to complete the HRA 2010e Housing Application. Mr. Avila was not provided any advance notice that his care manager was refusing to work with him from now on. Mr. Avila only found out about this change of circumstances on December 4, 2024 after 945 a.m., when Jami Abrorov took it personally that Mr. Avila notify Jami Abrorov that Mr. Avila was filing a complaint against Goodwill Supportive Housing agency for misleading and promising to complete Mr. Avila HRA 2010E housing Application on December 3, 2024 Pursuant to § 766.2(a)(3), LHCSAs are required to provide services by the same Care manager or any other Care manager to the extent possible. Jami Abrorov Care manager did not provide any good reason for why he was refusing to work with Mr. Avila. Instead, Jemacare Jami Abrorov starting yelling at Mr. Avila over the phone telling Mr. Avila to be quiet while Mr. Avila was talking and expressing his complaint about Mr. Carlos case manager for Goodwill supportive Housing Agency abandoning Mr. Avila housing Services, Jemcare Jami Abrorov care manager doesn't know or understand how to work with schizoaffective disorder clients and is a liability to Jemacre because Jami needs training on how to work with people with mental disabilities. Mental Health is not a crime and Jemcare Jami Abrorov needs to apologize for causing Mr. Avila economic Hardship and psychological harm, emotional distress,etc,

We appreciate your investigation into this matter. Please contact me at (646) 944-2174 if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jami Abrorov".

CIVIL COURT OF THE CITY OF NEW YORK  
COUNTY OF BRONX: PART

----- X  
JIMMY AVILA :  
: :  
: :  
CLAIMANT, :  
: :  
against :  
: :  
Jemcare, :  
: :  
Brianna Tordero :  
: :  
: :  
: X  
Defendant.

**NOTICE OF MOTION**  
**TO CONSOLIDATE**  
**BOTH CASES**

**To ADD PARTIES**

1- Index No: SC-001764-24/BX  
2- Index No: SC-000063-24/BX

STATE OF NEW YORK  
COUNTY OF BRONX ss.:

**PLEASE TAKE NOTICE** that upon the annexed affirmation of **Jimmy Avila** Sworn to on 16 day of JANUARY, 2025, and exhibits annexed thereto, and upon all the prior pleadings had herein, **Claimant** will move this court located at **851 Grand Concourse, Bronx, NY 10451** Part       , Room 103, on the 16, day of JANUARY, 2025 at 6:30 pm , or as soon thereafter as can be heard for and order:

**\*\*Motion to Consolidate Small Claims Cases\*\***

**\*\*Case Numbers:\*\*** 1- Index No: SC-001764-24/BX

2- Index No: SC-000063-24/BX

**\*\*Court:\*\*** Bronx County Small Claims Part

**\*\*Date:\*\*** January 16, 2025

**\*\*To the Honorable:**

**\*\*Introduction:\*\***

This motion is respectfully submitted on behalf of Mr. Avila, who is currently engaged in two small claims cases against defendants Jemcare, Brianna Tordero, and Jami Abrorov. Mr. Avila suffers from multiple disabilities, including Schizoaffective disorder, periodontal disease, and stage 2 kidney disease. Title II of the Americans with Disabilities Act (ADA) safeguards individuals like Mr. Avila from discrimination in various domains, including housing accommodations. The defendants have been implicated in discriminatory practices that constitute Breach of Contract and Breach of the Patient Bill of Rights, thereby infringing upon Mr. Avila's rights under the ADA.

**\*\*Background:\*\***

**Mr. Avila has faced Deceptive Business Practices and Breach of the Patient Bill of Rights by the defendants, which have severely hindered his ability to secure a safe and stable living environment. The defendants' actions reflect a failure to accommodate Mr. Avila's disabilities, as they neglected their responsibilities and administrative duties by refusing to advocate for necessary medical transportation appointments. This neglect has resulted in significant economic hardship for Mr. Avila.**

Furthermore, the defendants have engaged in retaliatory business practices against Mr. Avila for filing grievances in good faith against their Care Managers and Directors. Their actions have deprived him of equal opportunity for housing placement with the Goodwill Housing agency—specifically, a one-bedroom or studio apartment that meets his medical needs. The defendants' deliberate sabotage of Mr. Avila's housing application process reflects an intent to make him homeless.

**\*\*Request for Consolidation:\*\***

In light of the intertwined nature of the claims against the defendants in both cases, Mr. Avila respectfully requests that the court consolidate the two small claims cases for efficiency and judicial economy. Consolidating these cases will facilitate a comprehensive examination of the defendants' actions and their impact on Mr. Avila's rights under the ADA.

**\*\*Conclusion:\*\***

**For the reasons outlined above, Mr. Avila requests that the court adjourn the hearing scheduled for April 2, 2025, for the purpose of consolidating the two small claims cases. This consolidation will allow for a more effective resolution of the issues at hand and ensure that Mr. Avila's rights are fully protected.**

WHEREFORE, THE UNDERSIGNED RESPECTFULLY REQUEST THE WITHIN MOTION BE GRANTED.

I affirm this 16 day of January, 2025, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law. Printed Name:

JIMMY AVILA Signature: Jimmy Avila

# Exhibit B



# Harlem

**Adult Outpatient Behavioral Health**  
**Mural Pavilion**  
**512 Lenox Ave, 5th Floor**  
**New York, NY 10037**  
**(212) 939-3210**

## DSM-5 DIAGNOSIS

Schizoaffective disorder, bipolar type

Unspecified personality disorder

Problems related to housing

## SUMMARY AND CLINICAL RECOMMENDATIONS

43 y.o. Male, single, domiciled in supportive housing, with a working diagnosis of Schizoaffective disorder, bipolar type. He reports ongoing issues with building management and stress due to housing problems. He is compliant with his medications and appointments. No evidence of manic or psychotic decompensation. He has a pervasive pattern of distrust and suspiciousness of others which makes it difficult for him to live with a roommate. Chronic leukopenia and neutropenia likely benign and following up with PCP. Recurrent dental infections for which he is following up with Dentist.

The patient is psychiatrically stable to continue care on an outpatient basis. Chronic safety risk continues to be mitigated by the patient's ability to advocate for himself, case management, to utilize safety planning, and lack of any active SI/HI. He is a standard-risk patient at the clinic. The patient is at risk of relapse, psychiatric decompensation, and potential rehospitalization without stable housing and financial resources. Hence, I strongly recommend that he receive supporting housing and eligible financial disability benefits. I recommend that he is housed in a studio or one-bedroom apartment considering his history of chronic mental health problems.

Signature: Hasnain

Hasnain Afzal, MD

Attending Psychiatrist

Adult Outpatient Clinic, Department of Psychiatry and Behavioral Health

Harlem Hospital Center

NPI: 1194248401; NYS License #: 308455

Office: 212-939-3021 | Fax: 212-939-1108

I, Jimmy Avila have read and I agree with the information about my mental health above.

Patient signature: [Signature]

Dated: 11/22/2024

# Exhibit C



BronxCare Health System  
1650 Grand Concourse,  
Bronx, NY 10457  
Tel. (718) 590 1800

Patient Name: Jimmy AVILA

Attending Caregiver: PATEL, KETAN H

## Impetigo, Adult

Impetigo is an infection of the skin. It commonly occurs in young children, but it can also occur in adults. The infection causes itchy blisters and sores that produce brownish-yellow fluid. As the fluid dries, it forms a thick, honey-colored crust. These skin changes usually occur on the face, but they can also affect other areas of the body. Impetigo usually goes away in 7–10 days with treatment.

### WHAT ARE THE CAUSES?

This condition is caused by two types of bacteria. It may be caused by staphylococci or streptococci bacteria. These bacteria cause impetigo when they get under the surface of the skin. This often happens after some damage to the skin, such as:

- Cuts, scrapes, or scratches.
- Rashes.
- Insect bites, especially when you scratch the area of a bite.
- Chickenpox or other illnesses that cause open skin sores.
- Nail biting or chewing.

Impetigo can spread easily from one person to another (is *contagious*). It may be spread through close skin contact or by sharing towels, clothing, or other items that an infected person has touched.

Scratching the affected area can cause impetigo to spread to other parts of the body. The bacteria can get under your fingernails and spread when you touch another area of your skin.

### WHAT INCREASES THE RISK?

The following factors may make you more likely to develop this condition:

- Playing sports that include skin-to-skin contact with others.
- Having broken skin, such as from a cut or scrape.
- Living in an area that has high humidity levels.
- Having poor hygiene.
- Having high levels of staphylococci in your nose.
- Having a condition that weakens the skin integrity, such as:
  - Having a weak body defense system (*immune system*).
  - Having a skin condition with open sores, such as chickenpox.
  - Having diabetes.

### WHAT ARE THE SIGNS OR SYMPTOMS?



## AFTER VISIT SUMMARY

Jimmy Avila MRN: 00981308

2/2/2025 SBH ED 718-960-9000

### Instructions

Signs, symptoms, results were reviewed with patient. All this was discussed in layman's terms with the patient. This patient has stable vital signs and harbors no emergency medical condition as determined by our focused medical screening exam directed by the chief complaint. STRICT return precautions given. Red Flags discussed with patient. The patient is medically cleared for discharge.

#### IMPORTANT MESSAGE FROM YOUR DOCTOR:

Although you have been discharged from the Emergency Department, this does not mean that you have a "clean bill of health." If your symptoms persist or get worse, or if any new symptoms develop, please return to the Emergency Department immediately for re-evaluation, especially if your symptoms include chest pains, trouble breathing, abdominal pain, fever, headache, confusion, trouble seeing, or trouble walking.

It is also very important that you see a primary care doctor within the next few days to follow up. If you do not have a doctor, please call the number on your insurance card or call us at 718-960-9000 so that we can help you find one. Bring this packet to your doctor's appointment so he or she can see all the test results done during your visit.

To follow up on your results please sign up for Follow My Health (you can download the associated app on your phone as well).  
<https://sbhny.followmyhealth.com/Login/#/default>

#### Your medications have changed

- ➡ START taking:  
benzocaine-menthol (Cepastat Sore Throat)  
hydrOXYzine pamoate (Vistaril)

Review your updated medication list below.

#### Pick up these medications at CEDRA PHARMACY

- BRONX, NY - 3027 3RD AVENUE

- benzocaine-menthol 15-3.6 MG
- hydrOXYzine pamoate 50 MG capsule

Address: 3027 3RD AVENUE, BRONX NY 10455

Phone: 917-473-7788

### Today's Visit

You were seen by Dr. Amanda Tramutola, MD

#### Reason for Visit

- Fever
- Night Sweats
- Flu Symptoms
- Psychiatric Evaluation
- Cough
- Vomiting

#### Diagnosis

Viral upper respiratory tract infection

#### Imaging Tests

XR chest 2 views

#### Medications Given

acetaminophen (Tylenol) tablet 975 mg Last given at 7:55 PM

benzocaine-menthol (Cepastat Sore Throat) 15-3.6 MG 1 lozenge Last given at 10:00 PM

famotidine (Pepcid) tablet 20 mg Last given at 7:55 PM

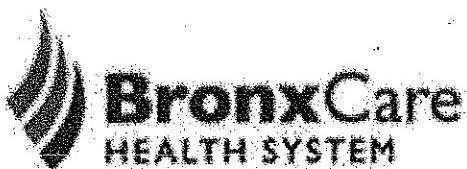
ibuprofen tablet 400 mg Last given at 7:55 PM

Blood Pressure 168/104 BMI 24.82

Weight 160 lb Height 5' 7.32"

Temperature (Oral) 98.1 °F Pulse 72

Respiration 19 Oxygen Saturation 97%



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Patient Name: Jimmy AVILA

Attending Caregiver: MCLEOD, SHENEQUA

## Managing Anxiety, Adult

After being diagnosed with anxiety, you may be relieved to know why you have felt or behaved a certain way. You may also feel overwhelmed about the treatment ahead and what it will mean for your life. With care and support, you can manage this condition.

### HOW TO MANAGE LIFESTYLE CHANGES

#### Managing stress and anxiety

Stress is your body's reaction to life changes and events, both good and bad. Most stress will last just a few hours, but stress can be ongoing and can lead to more than just stress. Although stress can play a major role in anxiety, it is not the same as anxiety. Stress is usually caused by something external, such as a deadline, test, or competition. Stress normally passes after the triggering event has ended.



Anxiety is caused by something internal, such as imagining a terrible outcome or worrying that something will go wrong that will devastate you. Anxiety often does not go away even after the triggering event is over, and it can become long-term (*chronic*) worry. It is important to understand the differences between stress and anxiety and to manage your stress effectively so that it does not lead to an anxious response.

Talk with your health care provider or a counselor to learn more about reducing anxiety and stress. He or she may suggest tension reduction techniques, such as:

- Music therapy. Spend time creating or listening to music that you enjoy and that inspires you.
- Mindfulness-based meditation. Practice being aware of your normal breaths while not trying to control your breathing. It can be done while sitting or walking.
- Centering prayer. This involves focusing on a word, phrase, or sacred image that means something to you and brings you peace.
- Deep breathing. To do this, expand your stomach and inhale slowly through your nose. Hold your breath for 3–5 seconds. Then exhale slowly, letting your stomach muscles relax.
- Self-talk. Learn to notice and identify thought patterns that lead to anxiety reactions and change those patterns to thoughts that feel peaceful.
- Muscle relaxation. Taking time to tense muscles and then relax them.

Choose a tension reduction technique that fits your lifestyle and personality. These techniques take time and practice. Set aside 5–15 minutes a day to do them. Therapists can offer counseling and training in these techniques. The training to help with anxiety may be covered by some insurance plans.